

1999 DRAFTING REQUEST

Bill

Received: **09/15/98**

Received By: **yacketa**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget**

By/Representing: **Jablonsky**

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

Drafter: **yacketa**

May Contact:

Alt. Drafters:

Subject: **Health - public health**
Health - miscellaneous

Extra Copies: **DAK**

Topic:

DOA:.....Jablonsky - TB/communicable diseases

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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/P1			lpaasch 09/22/98	_____	lrb_docadmin 09/23/98		
/P2	yacketa 12/9/98	jgeller 12/10/98	hhagen 12/11/98	_____	lrb_docadmin 12/11/98		S&L
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Health - miscellaneous

Extra Copies: **DHFS, DAK**

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/? yacketa

P1-9-21-98 KG

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Submit*

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Wanted: **As time permits**

Identical to LRB:

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By/Representing: **de Boor**

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Drafter: **yacketa**

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Subject: **Health - miscellaneous
Health - public health**

Extra Copies: **DHFS, DAK**

Topic:

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OSF

**Department of Health and Family Services
Office of Strategic Finance**

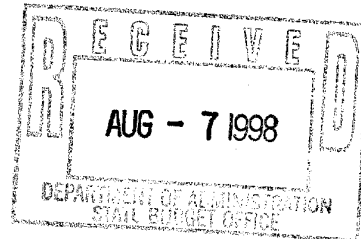
PO Box 7850
Madison WI 53707-7850
Phone (608) 266-3816
Fax (608) 267-0358

Date: August 6, 1998

To: Tilli de Boor, Chief
Human Resources Budget Team
Department of Administration

From: Fredi Bove, Chief
Budget Section

Subject: 1999-2001 Statutory Language Budget Requests



Attached is the second set of DHFS statutory language requests for the 1999-2001 biennial budget. My understanding is that you will transmit this package to the Legislative Reference Bureau with a request that LRB prepare drafts for these items. I will be submitting to you additional packages of statutory language requests between now and September 15 as they are ready.

Thank you for your assistance in handling these statutory language requests.

cc: OSF Budget Staff
John Kiesow
Kevin Lewis

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TB/Communicable Disease Statutory Changes

Current Language

Chapter 252 of the state statutes includes sections devoted to tuberculosis. Many of these sections were drafted when treatment for TB was not as advanced as it is now and are consequently outdated.

Proposed Change

1. Require the laboratories that perform primary culture for mycobacteria also perform organism identification for *M. tuberculosis* complex and that laboratories that identify *M. tuberculosis* assure that antimicrobial drug susceptibility tests are performed.
2. Permit local health officer to issue an emergency detention order.
3. Expand s.252.973 (commitment) to describe under what circumstances a local health officer or the department may petition the court to order the commitment of a person, under what circumstances the commitment may be terminated and what the rights of the committed person, including right to appeal, are.
4. Insert the phrase "by court order" after the word "isolated" in s.252.08(3).
5. Delete obsolete language related to TB sanitariums and TB acute treatment centers.
6. Delete certain language related to reimbursable services for public health dispensaries and include that language in the administrative rule. Add language allowing any local health department to request public health dispensary certification.

See attached statutory language draft.

Effect of the Change

1. The language on *M. tuberculosis* is intended to decrease both the amount of time laboratories take to identify TB and the likelihood that drug-resistant disease will develop due to inappropriate treatment.
2. The sections on emergency detention and commitment clarify these procedures.
3. The addition of "by court order" before "isolated" in s.252.08 (3) will make it clear that the Department is required to pay for inpatient treatment patients who are isolated by court order only.
4. The deletion of obsolete language concerning sanitoriums and acute treatment centers will assure that statutes reflect current practice.
5. Currently dispensary certification is limited to counties with populations of more than 25,000. This language will allow local public health departments in counties of any size to establish dispensaries.

Rationale for the Change

The present statutes governing the tuberculosis program do not reflect current practice. TB sanitariums no longer operate. TB infections are handled by local public health departments and by acute treatment centers in hospitals. The provision concerning the payment of costs for isolated patients is clarified to reflect what the Department believes was legislative intent, which was that the Department pay for the costs of patients who are isolated by court order, not those isolated voluntarily.

Certification of TB acute treatment centers is unnecessary because the Department assures that hospitals meet infection control standards established by OSHA. Current practice and public health needs dictate a change to statutes that reflect current treatment and will allow for effective public health measures to be taken to prevent and control the transmission of TB in Wisconsin.

Recommendation

Make the changes requested so that the TB statutes can be updated to reflect current practice and the best possible use of resources to prevent the spread of tuberculosis.

Desired Effective Date: Upon passage of bill
Agency: DHFS
Agency Contact: Ellen Hadidian, OPB
Phone: 266-8155

01sltb

CHAPTER 252
COMMUNICABLE DISEASES

DRAFT TUBERCULOSIS STATUTES

252.07 Tuberculosis. (1) DEFINITIONS. In this section:

(a) "Commitment" means the process by which a court of record orders the confinement of a person with infectious tuberculosis who has infectious tuberculosis or who is noninfectious but who has not adhered to prescribed treatment, to a place providing care and, if appropriate, isolation. (The purpose of commitment is to prevent the transmission of disease to others, to prevent the development of drug-resistant organisms or to ensure that persons receive a complete course of treatment.

(b) "Detention" means the temporary confinement to a facility of a person who has or who is suspected of having infectious tuberculosis to prevent the spread of disease to others or to rule-out infectious tuberculosis.

(c) "Infectious tuberculosis" means tuberculosis disease of the respiratory tract capable of producing infection or disease in others /as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions, or by chest radiograph and clinical findings.

(d) "Isolation" means the separation of persons with infectious tuberculosis from other persons, in a place and under conditions that will prevent transmission of the infection.

(e) "Noninfectious" means the inability to transmit infection or disease to others as demonstrated by adequate therapy received for 2 to 3 weeks, a favorable response to therapy, and 3 consecutive negative sputum smear results from sputum collected on different days. Noninfectious persons may become infectious if they do not comply with the treatment regimen or if the infectious agent is resistant to the medication prescribed.

(f) "Public health dispensary" means a program of a local health department or group of local health departments to prevent and control tuberculosis disease and infection by diagnosis, treatment, and case management.

(g) "Suspect tuberculosis" means an illness accompanied by symptoms, signs and laboratory tests compatible with tuberculosis such as prolonged cough, prolonged fever, hemoptysis, compatible roentgenographic findings or other appropriate medical imaging findings.

252.071 Tuberculosis. Reporting and Testing (1) Tuberculosis is a communicable disease caused by mycobacterium tuberculosis and is infectious and suspect cases of tuberculosis are subject to the reporting requirements specified in s. 252.05. Any laboratory that performs a test for tuberculosis receives a specimen for tuberculosis

testing shall report all positive results obtained by any appropriate procedure, including a procedure performed by an out-of state laboratory, to the local health officer and to the department.

~~(2)~~(5) The department shall identify groups at risk for contracting or transmitting mycobacterium tuberculosis *M. tuberculosis* and shall recommend the protocol for screening members of those groups. If necessary to prevent or control the transmission of mycobacterium tuberculosis- *M. tuberculosis*, the department may promulgate rules that require screening of members of specific groups that are at risk for contracting or transmitting mycobacterium tuberculosis *M. tuberculosis*.

(2) Any laboratory that performs primary culture for mycobacteria shall also perform organism identification for *M. tuberculosis* complex using an approved rapid testing procedure.

(3) Any laboratory that identifies *M. tuberculosis* shall assure that antimicrobial drug susceptibility tests are performed on the initial isolate. Results of these tests shall be reported to the local health officer and the department.

~~(4) Any court of record may commit a person infected with mycobacterium tuberculosis to a place that will provide proper care and prevent the spread of the disease if the disease is diagnosed by a medical, laboratory or X-ray examination and if the person fails to comply with this chapter or with rules of the department concerning tuberculosis. If the local health officer or any resident of the municipality in which an alleged violation of this subsection occurs petitions the court and states the facts of the alleged violation, the court shall summon the person infected with tuberculosis to appear in court on a date at least 48 hours, but not more than 96 hours, after service of the summons. The court may order the person discharged. If the administrative officer of the institution has good cause to believe that a person who is committed may leave without a court order, the officer may restrain the person from leaving. The administrative officer may segregate any person who is committed, as needed.~~

(54) Upon report of any person under sub. (1), the local health officer shall at once investigate and make and enforce the necessary orders. If the person does not voluntarily comply, the local health officer or the department may order a medical evaluation, directly observed therapy or home isolation.

~~(7) For the purpose of this section persons in charge of common carriers shall have police powers.~~

History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490.

252.072 Order for Emergency Detention. (1) A local health officer or the department may order the detention of a person if the local health officer or the

department has notified the court in writing of the detention order and has provided the court with the following documentation: (a) a written statement from a physician that the person has infectious tuberculosis; (b) a written statement from the local health officer or the department that the person has not complied with the prescribed treatment regimen and giving such evidence as the person's refusing to take anti-tuberculosis medication, missing appointments for directly observed therapy or being observed in public places in violation of isolation orders; and (c) a written statement from the local health officer or the department that the person poses an imminent and substantial threat to himself or herself or the public health.

(2) A local health officer or the department may order the detention of a person if the local health officer or the department has notified the court in writing of the detention order and has provided the court with documentation which included evidence, documented by facts, that the person has suspect tuberculosis and refuses to undergo a medical examination to confirm the diagnosis.

(3) Upon completion of the requirements specified in (1) or (2), the local health officer shall direct a peace officer or other designated transport personnel to immediately transport the person as so ordered by the local health officer or the department. If the person is already institutionalized in a facility, the court may order the facility to temporarily detain the person.

(4) A person detained under this subsection shall not be detained longer than 72 hours, excluding Saturdays, Sundays and legal holidays, without a court hearing to determine if the temporary detention should continue.

(5) Notice of a hearing under this subsection shall be served upon the person not less than 24 hours before the hearing is held. The notice shall contain all of the following information: The time, date and place of the hearing; the grounds and underlying facts upon which continued detention is sought; the person's right to appear at the hearing; the person's right to present and cross-examine witnesses; and the person's right to counsel including the right to counsel designated by the court.

(6) Detention shall be in a place determined by the local health officer that will meet the person's need for medical evaluation, isolation and treatment.

252.073 Order for Commitment. (1) A local health officer or the department may petition any court of record for a hearing to determine whether a person with tuberculosis should be committed to a facility where proper care and treatment will be provided and spread of the disease will be prevented if the local health officer or the department has evidence, documented by facts in the petition, that: (a) the person has infectious, noninfectious or suspect tuberculosis; (b) the person has failed or refused to comply with this chapter or with the prescribed treatment regimen or with rules of the department concerning tuberculosis; (c) all other reasonable means of achieving voluntary compliance with treatment have been exhausted and no less restrictive

alternative exists and (d) the person poses an imminent and substantial threat to himself or herself or the public health.

(2) Notice of the petition and the time, date and place of the hearing shall be served personally on the person and the petitioner at least 48 hours but not more than 96 hours, before the date of the hearing. Notice of the hearing shall include notice of the person's right to appear at the hearing, the right to present evidence and cross-examine witnesses, and the right to be represented by legal counsel. Further, the person shall be given a copy of the documentary evidence to be presented, a list of the proposed actions to be taken and the reasons for each action; and shall be given a verbatim transcript of the hearing on request for appeal purposes.

(3) An order requiring commitment shall be maintained until the local health officer with the concurrence of the attending physician determines that treatment is complete or that the person is no longer a substantial threat to himself or herself or to the public health.

(4) An order issued by the court under this section may be appealed to the appellate court. The appellate court shall hear the appeal within 30 days after the date the claim of appeal is filed with the appellate court. An appeal does not stay treatment.

~~252.073 County tuberculosis sanatoriums. (1) Establishment, government. Every county may, under this section, establish a county tuberculosis sanatorium. In counties with a population of 500,000 or more the institution shall be governed under s. 46.21. In all other counties it shall be governed under s. 46.18, 46.19 and 46.20, except as otherwise provided in this chapter.~~

~~(2) Superintendent. The superintendent shall be either a registered nurse with a graduate degree in nursing or a physician. If the superintendent is a registered nurse, the trustees shall appoint and fix the compensation of a visiting physician, and may appoint and fix the compensation of a business manager other than the superintendent, and a director of occupational therapy. The director of occupational therapy may be employed on a part-time basis jointly with other county or state institutions.~~

~~(3) Compensation of trustees. The trustees of the sanatorium shall receive compensation as determined under the provisions of s. 59.15.~~

~~(4) Site and building regulations. The department shall fix reasonable standards for the construction and repair of county tuberculosis sanatoriums with respect to their adequacy and fitness for the needs of the community which they are to serve. Purchase of sites shall be subject to the approval of the department.~~

~~(5) Approval of plans for sanatorium. The plans and specifications for such sanatorium buildings must be approved by the department as conforming with said standards and all the requirements of this chapter before any building is constructed.~~

~~(6) Trustees of county sanatorium. The county sanatorium shall be controlled and managed, subject to regulations approved by the county board, by 3 trustees (electors of the county) elected by the county board in the manner, at the times, for the terms, and subject to the limitations and conditions provided in s. 46.18.~~

~~(7) Report of trustees to department. On each July 1 the trustees shall prepare a detailed financial report, as specified in s. 46.18 (7) to (10), for the preceding fiscal year and shall transmit one copy to the department, one copy to the county clerk and keep one copy on file at the sanatorium. Such report shall be accompanied by an inventory of all properties on hand at the end of the fiscal year, an estimate of the receipts and expenses of the current year and the reports of the superintendent and visiting physicians. A copy of this report shall be on file in the department not later than August 15 following the close of the fiscal year.~~

~~(8) Semiannual inspection of buildings. Before the occupancy of any such building, and semiannually thereafter, the department shall cause such building to be inspected with respect to its safety, sanitation, adequacy and fitness, and report to the authorities conducting said institution any deficiency found, stating the nature of the deficiency, in whole or in part, and ordering the necessary work to correct it or that a new building shall be provided. If within 6 months thereafter such work be not commenced, or not completed within a reasonable period thereafter, to the satisfaction of the department, it shall suspend the allowance of any state aid for, and prohibit the use of such building for the purposes of said institution until said order shall have been complied with.~~

~~History: 1975 c. 413 s. 2; Stats. 1975 s. 149.01; 1977 c. 29; 1983 a. 27; 1991 a. 274; 1993 a. 27 s. 397; Stats. 1993 s. 252.073.~~

? 252.074 LIABILITY FOR PATIENT CARE COSTS. (1) A case of infectious or suspect tuberculosis in an uninsured person shall constitute a medical emergency for the purpose of determining eligibility for general relief under s. 49.015 (3).

(2) The department may reimburse inpatient care exceeding 30 days for a person with pulmonary tuberculosis not eligible for federal medicare benefits or medical assistance or for health care services under general relief if provided by a facility approved by the department. If the person with tuberculosis has private health insurance, the department shall pay the difference between health insurance payments and total charges.

~~252.076 Joint county home and county tuberculosis sanatorium. (1) Such portions of the buildings, grounds and facilities of an established county tuberculosis sanatorium not needed for hospitalization or treatment of tuberculosis patients and such improvements and additions as the county board of supervisors may make in connection therewith may be established and used as a county home for the aged or a~~

~~unit thereof when the board of supervisors of the county by a majority vote of its members so determines and makes provision therefor in accordance with this section.~~

~~(2) No county home or unit thereof so established shall be used or occupied for such purpose unless and until:~~

~~(a) The facilities used as a county home for the aged are separated from the remaining facilities used as a tuberculosis sanatorium in a manner designed to prevent the spread of tuberculosis and approved by the department.~~

~~(b) The buildings thereof are disinfected in a manner approved by the department; and~~

~~(c) Adequate provision is made for sanitation of dishes and tableware and precaution is taken to prevent food contamination and introduction of a source of infection to the county home unit, in accordance with such methods and standards as the department may prescribe.~~

~~(3) Management of the 2 jointly housed units shall be separate and distinct. The county home unit shall for all purposes be deemed part of, and managed and operated by the same authorities as any previously established and existing county home of the county. Except as otherwise provided by statute and so far as applicable, this section and s. 252.073 and 252.08 shall continue to apply to a jointly housed county tuberculosis sanatorium and s. 49.14 and 49.15 shall apply to a jointly housed county home or a unit of a jointly housed county home.~~

~~(4) When separate facilities for any such services are not provided for each institution the trustees of the county tuberculosis sanatorium shall hold and manage, employ necessary employees to operate and do the purchasing for the operation of a common kitchen, laundry, heating plant, power plant, water supply or other joint facilities, for the use and benefit of both institutions.~~

~~(5) This section shall not apply to counties having a population of 500,000 or more.~~

~~History: 1975 c. 413 s. 2, 18; Stats. 1975 s. 149.02; 1977 c. 29; 1983 a. 27; 1993 a. 27 s. 398; Stats. 1993 s. 252.076.~~

252.08 Tuberculosis acute treatment centers; maintenance charges; liability of relatives. ~~(1) Hospitals as defined in s. 50.33, tuberculosis sanatoriums under ss. 252.073 (1) and 252.076 (1) and private tuberculosis sanatoriums under s. 58.06 may submit a request to the department for a certificate of approval as a tuberculosis acute treatment center. The department shall issue a certificate of approval if the hospital or sanatorium meets the standards under 42 USC 1396 to 1397e and the rules promulgated and standards established by the department. The certification is to be~~

~~renewed by the department as provided under s. 50.32 to 50.39. The certificate of approval shall apply only for the premises, persons and services named in the application and may not be transferred or assigned. The department may not withhold, suspend or revoke a certificate of approval unless the hospital or sanatorium substantially fails to comply with ss. 50.32 to 50.39, the standards under 42 USC 1396 to 1397e or the rules promulgated and standards established by the department, after having been given a reasonable notice, a fair hearing and an opportunity to comply. The rules and standards for the operation of the hospital or sanatoriums providing care for patients with active tuberculosis shall be promulgated and established by the department.~~

~~(2) Community based residential facilities under ch. 50 shall request a certificate of approval from the department in order to provide care for patients suffering from tuberculosis based on rules promulgated and standards established by the department.~~

~~(3) Inpatient care exceeding 30 days for pulmonary tuberculosis patients not eligible for federal medicare benefits, for medical assistance under subch. V of ch. 49 or for health care services funded by relief block grant under subch II of ch. 49 may be reimbursed if provided by a facility contracted by the department. If the patient has private health insurance, the state shall pay the difference between health insurance payments and total charges.~~

~~(4) The state shall also assume the charges not collected from insurance, medicaid, and other benefits for:~~

~~(a) Care of patients transferred to facilities approved under this section from state institutions or from state penal institutions under s. 304.115.~~

~~(b) Care of any minor committed to the department in an approved certified facility under this section.~~

~~(5) (a) The department shall ensure that charges to the state for care in facilities approved under this section reflect reasonable and accurate expenses in providing the care.~~

~~(b) The records and accounts of all facilities approved under this section shall be available to the department upon request and shall comply with accepted accounting practices.~~

~~(6) Whenever a person is admitted to a tuberculosis hospital or sanatorium and the expense of maintenance in the tuberculosis hospital or sanatorium is chargeable to the state or any subdivision of the state or both, the relative of the person, if the person is dependent as described in s. 49.90, shall be liable to the state or any subdivision of the state in the manner and to the extent provided in s. 49.90. The district attorney of any county in which the relative resides shall, at the request of the circuit judge or the~~

governing body of the institution, take all necessary procedures to enforce the provisions of this section.

History: 1993 a. 27 s. 399, 401, 402, 404, 420; 1993 a. 213, 490.

~~252.09 General supervision and inspection of tuberculosis hospitals; charges. (1)~~
The department shall:

~~(a) Investigate and supervise all of the tuberculosis hospitals and sanatoriums of every county and other municipality, and become familiar with all of the circumstances affecting their management and usefulness.~~

~~(b) Visit each of the tuberculosis hospitals and sanatoriums and inquire into their methods of treatment, instruction, government and management of their patients; the official conduct of their trustees, managers, directors, superintendents and other officers and employees; the condition of the buildings, grounds and all other property pertaining to the tuberculosis hospitals and sanatoriums, and all other matters pertaining to their usefulness and management; and recommend to the officers in charge the changes and additional provisions that the department considers proper.~~

~~(c) Inspect each tuberculosis hospital and sanatorium annually, or oftener if necessary and, if directed by the governor, investigate the past or present management, or anything connected with the management, and report to the governor the testimony taken, facts found and conclusions made.~~

~~(d) Inform the governor, and the district attorney of the county in which the tuberculosis hospital and sanatorium is located, of any violation of law disclosed in any investigation of the tuberculosis hospital and sanatorium.~~

~~(2) All trustees, managers, directors, superintendents and other officers or employees of a tuberculosis hospital and sanatorium shall at all times afford, to the department or its agents, inspection of and free access to all parts of the buildings and grounds and to all books and papers of the tuberculosis hospital and sanatorium and shall give, either verbally or in writing, information that the department requires. Any person violating this subsection shall forfeit not less than \$10 nor more than \$100. The department may administer oaths and take testimony and may cause depositions to be taken. All expenses of the investigations, including fees of officers and witnesses, shall be paid from the appropriation under s. 20.435 (1) (a).~~

~~History: 1973 c. 90; 1975 c. 39; 1975 c. 413 s. 2; Stats. 1975 s. 149.07; 1983 a. 192 s. 303 (7); 1987 a. 399; 1993 a. 27 s. 415 to 417; Stats. 1993 s. 252.09; 1993 a. 213, 490, 491.~~

~~252.10 Public Health Dispensaries. (1) Counties with populations of more than 25,000 may establish and maintain public health dispensaries and, where necessary, branches~~

~~of the dispensaries~~ A local health department may submit a request to the department to be certified to establish and maintain a public health dispensary for the diagnosis and treatment of persons suffering from or suspected of having mycobacterium tuberculosis or other pulmonary diseases. Two or more counties local health departments may jointly establish, operate and maintain public health dispensaries in order to serve a total population of not less than 25,000. The department shall issue a certification if the local health department meets the rules promulgated and standards established by the department. The department may withhold, suspend or revoke a certification if the local health department fails to comply with the rules promulgated and standards established by the department, after having been given a reasonable notice, a fair hearing, and an opportunity to comply. The rules and standards for provision of dispensary services shall be promulgated by the department. Counties Local health departments may contract with each other for public health dispensary services. The department and department of revenue shall be notified of the establishment of public health dispensaries and of any contracts pertaining to the dispensaries.

(2) The department may establish, operate and maintain public health dispensaries and branches in areas of the state where local authorities have not provided public health dispensaries.

(3) ~~A county or counties jointly, and the department, may contract with other agencies, hospitals and individuals for the use of necessary space, equipment, facilities and personnel to operate a public health dispensary or for provision of medical consultation.~~

(5) ~~Fees may but need not be charged for services rendered in public health dispensaries operated by one or more counties or the department. A schedule of fees shall be established by the respective operating agencies and shall be based upon reasonable costs. A copy of such schedule and any subsequent changes shall be forwarded to the department and the department of revenue. Fees received by the department shall be used as a nonlapsing appropriation for the maintenance and operation of its public health dispensaries together with other funds received for this purpose.~~

(6) (a) The state shall credit or reimburse each dispensary on an annual or quarterly basis for the operation of public health dispensaries established and maintained in accordance with this section and rules promulgated by the department.

(b) The state reimbursement for each reimbursable visit for services as ordered by a physician shall be \$6 or a greater an amount prescribed in rules promulgated by the department. If an X-ray is taken, an additional \$6 or any greater amount prescribed in rules promulgated by the department will be credited. Any X-ray taken outside a facility under this section or outside a facility approved under s. 252.08 on individuals who have a significant reaction to a test for mycobacterium tuberculosis shall qualify for

~~state aid in the same manner as an X-ray taken inside a facility, and the X-ray shall take the place of the first X-ray eligible for reimbursement as part of a case finding and preventive program under par. (e). The administration and reading of the test for mycobacterium tuberculosis for diagnostic purposes shall be considered one visit. Tests for mycobacterium tuberculosis given in school programs, employment health programs, community preventive and case finding programs are not reimbursable as a clinic visit.~~

~~(c) Not more than one patient visit for any person shall be credited within a period of less than 12 hours, nor for any visit made solely for the receipt of drugs and not requiring professional medical services; nor shall more than one visit be credited where a single fee has been established for a particular service. Public health nursing visits to patients suffering from active tuberculosis and using specific medication shall be reimbursed in the same manner as a dispensary visit, if the visit is ordered by a physician giving care to the patient. Not more than 4 visits in one year to each patient shall be credited.~~

~~(d) State aid may not be credited for visits made by a person who does not have symptoms of, or evidence by medical examination indicating suspicion of, clinical tuberculosis, unless the person has X-ray evidence to that effect, is known to have converted from a negative to a significant test for mycobacterium tuberculosis within a period of 3 years, has a significant test for mycobacterium tuberculosis and is a close school or close employment contact to a suspected case, or is a household contact to a case regardless of the results of the test.~~

~~(e) Net income in excess of expenses from fees collected from patients of the public health dispensary shall be used to finance case finding and preventive programs in the community.~~

~~(f) The organization and methods of operation of a case finding preventive program shall be approved by the department. State aid may not be credited for the administration and reading of the test for mycobacterium tuberculosis. A reimbursement of \$12 or any greater amount prescribed in rules promulgated by the department shall be credited to the agency approved to conduct such a program for the initial chest X-ray examination, for the interpretation of the same and for the consultation of the physician conducting such a program. A patient completing chemoprophylaxis may receive a 2nd chest X-ray examination, interpretation and medical consultation for which an additional \$12 or any greater amount prescribed in rules promulgated by the department shall be credited. Guidelines for care during chemoprophylaxis shall be established by the department. Reimbursement shall be \$6 per visit or any greater amount prescribed in rules promulgated by the department.~~

~~(g) The reimbursement by the state under pars. (a) to (f) (b) shall apply only until the appropriation under s. 20.435 (1) (e) is totally expended.~~

(7) Drugs necessary for the treatment of ~~mycobacterium tuberculosis~~ M. Tuberculosis shall be purchased by the department from the appropriation under s. 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local health departments, physicians or advanced practice nurse prescribers, ~~or through health care providers, as defined in s. 146.81 (1), other than social workers, marriage and family therapists or professional counselors certified under ch. 457, speech language pathologists or audiologists licensed under subch. II of ch. 459, speech and language pathologists licensed by the department of public instruction or, on or after July 1, 1995, and no later than June 30, 1999, dietitians certified under subch. IV of ch. 448.~~

NOTE: Sub. (7) 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

(9) Public health dispensaries shall maintain such records as are required by the department to enable them to carry out their responsibilities designated in this section and in rules promulgated by the department. Records shall be submitted annually to the department as soon as possible after the close of each fiscal year and not later than August 15 following.

(10) All public health dispensaries and branches thereof shall maintain records of costs and receipts which may be audited by the department of health and family services.

History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a 27 ss. 6318,9126 (19), 9145(1).

WisLaw (1-1-95 release) 1993-94 Wisconsin Statutes and Annotations.



State of Wisconsin
1997 - 1998 LEGISLATURE

LRB-5303/P1

TAY:.....

RMR/jlg

D-NOTE

DOA:.....de Boor – TB/communicable diseases

FOR 1997-99 BUDGET — NOT READY FOR INTRODUCTION

do not gen

1 AN ACT ...; relating to: tuberculosis and other communicable diseases.↓

Analysis by the Legislative Reference Bureau

HEALTH AND SOCIAL SERVICES

HEALTH

This is a preliminary draft. An analysis will be provided in a later version.

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

2 SECTION 1. 20.435 (5) (e) of the statutes, as affected by 1997 Wisconsin Act 27,
3 is amended to read:

4 20.435 (5) (e) *Disease aids.* Biennially, the amounts in the schedule for
5 assisting victims of diseases, as provided in ss. 49.68, 49.683, 49.685, 58.06, 252.08
6 ~~(4) and (5)~~ and 252.10 (6) and (7), as allocated by the department.

History: History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20)

(b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293.

1 **SECTION 2. 46.18 (1) of the statutes is amended to read:**

2 **46.18 (1) TRUSTEES.** Every county home, infirmary, hospital, tuberculosis
3 hospital ~~or sanatorium,~~✓ or similar institution, shall, subject to regulations approved
4 by the county board, be managed by a board of trustees, electors of the county, chosen
5 by ballot by the county board. At its annual meeting, the county board shall appoint
6 an uneven number of trustees, from 3 to 9 at the option of the board, for staggered
7 3-year terms ending the first Monday in January. Any vacancy shall be filled for the
8 unexpired term by the county board; but the chairperson of the county board may
9 appoint a trustee to fill the vacancy until the county board acts.

History: History: 1971 c. 50; 1971 c. 108 s. 6; 1979 c. 34, 110; 1981 c. 329; 1983 a. 192; 1985 a. 29; 1989 a. 31; 1991 a. 316; 1993 a. 89, 231; 1995 a. 27 ss. 2057, 9126 (19).

******NOTE:** Does this subsection need to be amended further, for example to exclude the term "tuberculosis hospital"?

10 **SECTION 3. 46.20 (1) of the statutes is amended to read:**

11 **46.20 (1)** Any 2 or more counties may jointly, by majority vote of all the
12 members of each county board, provide for a county home, infirmary, hospital,
13 tuberculosis hospital ~~or sanatorium,~~✓ or similar institution, or juvenile detention
14 home, which shall be established, maintained and operated pursuant to all the
15 statutes relating to the establishment, maintenance and operation of similar
16 institutions, respectively, by any single county whose population is less than
17 250,000, except as otherwise provided in this section; and in all respects, except as
18 herein specified, each such institution shall be the county institution of each of the
19 counties so joining.

History: History: 1971 c. 108 s. 6; 1975 c. 413 s. 18; 1985 a. 29; 1989 a. 31; 1993 a. 27, 89; 1995 a. 27 s. 9126 (19).

******NOTE:** Does this subsection need to be amended further, for example to exclude the term "tuberculosis hospital"?

20 **SECTION 4. 46.20 (3) of the statutes is amended to read:**

1 46.20 (3) Upon approval of the site, plans and specifications, as provided in s.
2 ~~252.073~~[✓] as to tuberculosis sanatoriums and ss. 46.17 and 301.37, as to other
3 institutions, the joint committee shall report to the several county boards the
4 estimated cost of the site and buildings, and the amount thereof chargeable to each
5 county on the basis set forth in sub. (6) (a), appending to each report a copy of the
6 plans and specifications and all matter relating to the site and buildings. If the report
7 is approved by each county board, the joint committee shall purchase the site and
8 cause the buildings to be erected in accordance with the plans and specifications.

9 History: History: 1971 c. 108 s. 6; 1975 c. 413 s. 18; 1985^X 29; 1989 a. 31; 1993 a. 27, 89; 1995 a. 27 s. 9126 (19).

SECTION 5. 46.20 (8) of the statutes is repealed.

10 SECTION 6. 46.20 (10)^X of the statutes is repealed.

11 SECTION 7. 48.60 (2) (d) of the statutes is amended to read:

12 48.60 (2) (d) A hospital, maternity hospital, maternity home, or nursing home
13 ~~or tuberculosis sanatorium~~[✓] licensed, approved or supervised by the department;

14 History: History: 1973 c. 90; 1975 c. 39; 1979 c. 300; 1989 a. 31, 107, 336; 1991 a. 39; 1993 a. 446; 1995 a. 27 ss. 2582, 9126 (19); 1995 a. 77; 1997 a. 27, 164.

SECTION 8. 49.08 of the statutes is amended to read:

15 **49.08 Recovery of relief and other assistance.** If any person is the owner
16 of property at the time of receiving general relief under ch. 49, 1993 stats., relief
17 funded by a relief block grant or other assistance as an inmate of any county or
18 municipal institution in which the state is not chargeable with all or a part of the
19 inmate's maintenance or as a tuberculosis patient provided for in ss. 58.06 and
20 252.07 to 252.10, or at any time thereafter, or if the person becomes self-supporting,
21 the authorities charged with the care of the dependent, or the board in charge of the
22 institution, may sue for the value of the relief or other assistance from the person or
23 the person's estate. Except as otherwise provided in this section, the 10-year statute
24 of limitations may be pleaded in defense in an action to recover relief or other

1 assistance. Where the recipient of relief or other assistance is deceased, a claim may
2 be filed against the decedent's estate and the statute of limitations specified in s.
3 859.02 shall be exclusively applicable. The court may refuse to render judgment or
4 allow the claim in any case where a parent, spouse, surviving spouse or child is
5 dependent on the property for support. The court in rendering judgment shall take
6 into account the current family budget requirement as fixed by the U.S. department
7 of labor for the community or as fixed by the authorities of the community in charge
8 of public assistance. The records kept by the municipality, county or institution are
9 prima facie evidence of the value of the relief or other assistance furnished. This
10 section shall not apply to any person who receives care for pulmonary tuberculosis
11 as provided in s. ~~252.08~~ (4).

History: History: 1975 c. 94; 1975 c. 413 s. 18; 1979 c. 102 s. 237; 1983 a. 27; 1985 a. 29; 1989 a. 96; 1993 a. 27; 1995 a. 27.

12 **SECTION 9.** 50.135 (1) of the statutes is amended to read:

13 50.135 (1) DEFINITION. In this section, "inpatient health care facility" means
14 any hospital, nursing home, county home, county mental hospital, ~~tuberculosis~~
15 ~~sanatorium~~ or other place licensed or approved by the department under ss. 49.70,
16 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, and 58.06, ~~252.073~~ [✓] and ~~252.076~~ [✓], but
17 does not include community-based residential facilities.

History: History: 1983 a. 27, 192; 1985 a. 29; 1987 a. 27; 1993 a. 16; 1993 a. 27 s. 257; Stats. 1993 s. 50.135; 1995 a. 27; 1997 a. 27, 35.

18 **SECTION 10.** 50.39 (2) of the statutes is amended to read:

19 50.39 (2) The use of the title "hospital" to represent or identify any facility
20 which does not meet the definition of a "hospital" as provided herein or is not subject
21 to approval under ss. 50.32 to 50.39 is prohibited, except that institutions governed
22 by ss. s. 51.09 and ~~252.073~~ [✓] are exempt.

History: History: 1971 c. 164; 1975 c. 39; 1975 c. 413 ss. 4, 18; 1975 c. 430 s. 80; Stats. 1975 s. 50.39; 1977 c. 203; 1979 c. 89, 221, 337, 355; 1985 a. 332 s. 251 (1); 1989 a. 31, 37, 107; 1991 a. 39; 1993 a. 27, 30, 107; 1995 a. 27, 77; 1997 a. 175.

1 **SECTION 11.** 50.39 (3)^X of the statutes, as affected by 1997 Wisconsin Act 175,
2 is amended to read:

3 50.39 (3) Facilities governed by ss. 45.365, 48.62, 49.70, 49.72, 50.02, 51.09,
4 58.06, ~~252.073~~[✓], ~~252.076~~[✓] and 252.10, secured correctional facilities as defined in s.
5 938.02 (15m), correctional institutions governed by the department of corrections
6 under s. 301.02 and the offices and clinics of persons licensed to treat the sick under
7 chs. 446, 447 and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do
8 not abridge the rights of the medical examining board, physical therapists affiliated
9 credentialing board, podiatrists affiliated credentialing board, dentistry examining
10 board, pharmacy examining board, chiropractic examining board and board of
11 nursing in carrying out their statutory duties and responsibilities.

History: History: 1971 c. 164; 1975 c. 39; 1975 c. 413 ss. 4, 18; 1975 c. 430 s. 80; Stats. 1975 s. 50.39; 1977 c. 203; 1979 c. 89, 221, 337, 355; 1985 a. 332 s. 251 (1); 1989 a. 31, 37, 107; 1991 a. 39; 1993 a. 27, 30, 107; 1995 a. 27, 77; 1997 a. 175.

12 **SECTION 12.** 58.06 of the statutes is amended to read:

13 **58.06 Private tuberculosis sanatoriums.** Any private, philanthropic
14 tuberculosis sanatorium organized on a nonprofit basis, if approved by the
15 department, may admit patients committed to it by any county, or transferred to it
16 by the department, or referred to it for outpatient service, in the manner and upon
17 the terms provided by ss. ~~252.08~~[✓] and s. 252.10 except that the sanatorium may add
18 actual interest expense to charges made for the cost of care to recover the costs in
19 carrying the charges and 10% to the charges to generate sufficient earnings in
20 addition to depreciation accruals to provide funds to cover replacement costs for
21 buildings, fixtures and equipment.

History: History: 1975 c. 39; 1975 c. 413 s. 18; 1979 c. 102; 1993 a. 27.

****NOTE: Should this section be repealed or amended further?

22 **SECTION 13.** 101.123 (1) (b) of the statutes is amended to read:

1 101.123 (1) (b) “Inpatient health care facility” means a county home
 2 established under s. 49.70, a county infirmary established under s. 49.72, or a
 3 community-based residential facility or a nursing home licensed under s. 50.03[✓] ~~or~~
 4 ~~a tuberculosis sanatorium established under s. 58.06, 252.073[✓] or 252.076[✓].~~

History: History: 1983 a. 211; 1985 a. 332 s. 253; 1987 a. 161 s. 13m; 1987 a. 403 s. 256; 1989 a. 97, 107, 251, 336; 1991 a. 28, 39, 130; 1993 a. 27, 313; 1995 a. 27 ss. 3661, 9126 (19); 1995 a. 77, 201, 404.

5 **SECTION 14.** 102.26 (2m) of the statutes is amended to read:

6 102.26 (2m) In any action for the recovery of costs of hospitalization in a
 7 tuberculosis sanatorium, where such cost was incurred by a patient whose
 8 tuberculosis entitled the patient to worker’s compensation, no attorney fee for the
 9 recovery of such cost shall be allowed to the attorney for such patient in such worker’s
 10 compensation action, unless, by express agreement with the governing board of such
 11 institution the attorney has been retained by such governing board to also act as its
 12 attorney.

History: History: 1971 c. 148; 1975 c. 147 s. 54; 1975 c. 199; 1977 c. 29; 1979 c. 278; 1985 a. 83; 1989 a. 64; 1993 a. 490, 492; 1995 a. 224.
 ****NOTE: Should this subsection be repealed or amended in some way?

13 **SECTION 15.** 102.42 (6)^X of the statutes, as affected by 1997 Wisconsin Act 38,
 14 is amended to read:

15 102.42 (6) TREATMENT REJECTED BY EMPLOYEE. Unless the employee shall have
 16 elected Christian Science treatment in lieu of medical, surgical, dental, hospital or
 17 sanatorium treatment, no compensation shall be payable for the death or disability
 18 of an employee, if the death be caused, or insofar as the disability may be aggravated,
 19 caused or continued by an unreasonable refusal or neglect to submit to or follow any
 20 competent and reasonable medical, surgical or dental treatment or, in the case of
 21 tuberculosis, by refusal or neglect to submit to or follow hospital[✓] ~~or sanatorium~~
 22 treatment when found by the department to be necessary. The right to compensation
 23 accruing during a period of refusal or neglect to submit to or follow hospital ~~or~~

1 sanatorium[✓] treatment when found by the department to be necessary in the case of
 2 tuberculosis shall be barred, irrespective of whether disability was aggravated,
 3 caused or continued thereby.

History: **History:** 1971 c. 61; 1973 c. 150, 282; 1975 c. 147; 1977 c. 195 ss. 24 to 28, 45; 1977 c. 273; 1979 c. 278; 1981 c. 20; 1987 a. 179; 1989 a. 64; 1995 a. 27 ss. 3743m, 3744, 9130 (4); 1997 a. 3, 38.

****NOTE: Should this subsection be amended further, for example to exclude "hospital" ?

4 **SECTION 16.** 146.819 (4) (e)^{✓X} of the statutes is repealed.

5 **SECTION 17.** 150.84 (2)^{✓X} of the statutes, as affected by 1997 Wisconsin Act 35,
 6 is amended to read:

7 150.84 (2) "Health care facility" means a facility, as defined in s. 647.01 (4), or
 8 any hospital, nursing home, community-based residential facility, county home,
 9 county infirmary, county hospital, county mental health center, ~~tuberculosis~~
 10 sanatorium[✓] or other place licensed or approved by the department under s. 49.70,
 11 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or[✓] 58.06, ~~252.073~~[✓] ~~or~~ ~~252.076~~[✓] or a
 12 facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

History: **History:** 1991 a. 250; 1993 a. 27; 1995 a. 27; 1997 a. 35^X

13 **SECTION 18.** 155.01 (6)^{✓X} of the statutes, as affected by 1997 Wisconsin Act 35,
 14 is amended to read:

15 155.01 (6) "Health care facility" means a facility, as defined in s. 647.01 (4), or
 16 any hospital, nursing home, community-based residential facility, county home,
 17 county infirmary, county hospital, county mental health center, ~~tuberculosis~~
 18 sanatorium or other place licensed or approved by the department under s. 49.70,
 19 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or[✓] 58.06, ~~252.073~~[✓] ~~or~~ ~~252.076~~[✓] or a
 20 facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

History: **History:** 1989 a. 200; 1991 a. 281; 1993 a. 27, 105, 112, 490; 1995 a. 27 ss. 4395, 9126 (19); 1997 a. 35, 67.

21 **SECTION 19.** 252.07 (1)^{✓X} of the statutes is renumbered 252.07 (1m) and amended
 22 to read:

1 252.07 (1m) Tuberculosis is a communicable disease caused by mycobacterium
2 ~~tuberculosis and is~~ Infectious tuberculosis and suspect tuberculosis are subject to the
3 reporting requirements specified in s. 252.05. Any laboratory that performs a test
4 receives a specimen for tuberculosis testing shall report all positive results obtained
5 by any appropriate procedure, including a procedure performed by an ~~out-of-state~~
6 laboratory, to the local health officer and to the department.

7 History: History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490.

8 **SECTION 20.** 252.07 (1g) of the statutes is created to read:

9 252.07 (1g) In this section:

10 (a) “Infectious tuberculosis” means tuberculosis disease of the respiratory tract,
11 capable of producing infection or disease in others as demonstrated by the presence
12 of acid-fast bacilli in the sputum or bronchial secretions or by chest radiograph and
13 clinical findings.

14 (b) “Isolate” means a population of bacteria or other cells that has been obtained
15 in pure culture medium by separation and that is differentiated from other bacteria
or cells by the accumulation of new characteristics.

 ****NOTE: Is this an accurate definition of “isolate”? I have attempted to paraphrase
the medical dictionary definition (the word as a noun does not appear in the standard
English dictionary) and I am uncertain if I have succeeded in capturing the meaning of
the word.

16 (b) “Isolation” means the separation from other persons of a person with
17 infectious tuberculosis in a place and under conditions that prevent the transmission
18 of the infection.

19 (c) “Suspect tuberculosis” means an illness marked by symptoms and
20 laboratory tests that may be indicative of tuberculosis, such as a prolonged cough,
21 prolonged fever, hemoptysis, compatible roentgenographic findings or other
22 appropriate medical imaging findings.

1 **SECTION 21.** 252.07 (1p)^X of the statutes is created to read:

2 252.07 (1p) Any laboratory that performs primary culture for mycobacteria
3 shall also perform organism identification for mycobacterium tuberculosis complex
4 using an approved rapid testing procedure.

****NOTE: By whom must the rapid testing procedure be approved?

5 **SECTION 22.** 252.07 (1t)^X of the statutes is created to read:

6 252.07 (1t) Any laboratory that identifies mycobacterium tuberculosis shall
7 ensure that antimicrobial drug susceptibility tests are performed on the initial
8 isolate.[✓] The laboratory shall report the results of these tests to the local health officer
9 and the department.[✓]

10 **SECTION 23.** 252.07 (4)^X of the statutes is repealed.

11 **SECTION 24.** 252.07 (5) of the statutes is amended to read:

12 252.07 (5) Upon report of any person under sub.[✓](1) (1m) or (1t), the local health
13 officer shall at once investigate and make and enforce the necessary orders. If the
14 person does not voluntarily comply, the local health officer or the department may
15 order a medical evaluation, directly observed therapy or home isolation.[✓]

History: History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472, Stats. 1993 s. 252.07; 1993 a. 490.
****NOTE: If which person does not voluntarily comply with what?

16 **SECTION 25.** 252.07 (7)^X of the statutes is repealed.

17 **SECTION 26.** 252.07^X of the statutes is repealed.

18 **SECTION 27.** 252.07^X of the statutes is repealed.

19 **SECTION 28.** 252.08^X of the statutes, as affected by 1997 Wisconsin Act 27, is
20 repealed.

21 **SECTION 29.** 252.09^X of the statutes is repealed.

22 **SECTION 30.** 252.10 (1) of the statutes is amended to read:

1 252.10 (1) ~~Counties with populations of more than 25,000 may establish and~~
2 ~~maintain public health dispensaries and, where necessary, branches of the~~
3 ~~dispensaries~~ A local health department[✓] may request from the[✓] department of health
4 and family services certification to establish and maintain a public health
5 dispensary for the diagnosis and treatment of persons suffering from or suspected
6 of having mycobacterium tuberculosis or other pulmonary diseases. Two or more
7 counties local health departments may jointly establish, operate and maintain
8 public health dispensaries in order to serve a total population of not less than 25,000.[↓]
9 Counties[•] The department of health and family services shall certify a local health
10 department to establish and maintain a public health dispensary if the local health
11 department meets the standards established by the department of health and family
12 services by rule. The department of health and family services may withhold,
13 suspend or revoke a certification if the local health department fails to comply with
14 any rules or standards promulgated by the department. The department of health
15 and family services shall provide the local health department with reasonable notice
16 of the decision to withhold, suspend or revoke certification. The department of health
17 and family services shall offer the local health department an opportunity to comply
18 with the rules and standards and an opportunity for a fair hearing. Local health
19 departments may contract with each other for public health dispensary services. The
20 ~~department and department of revenue shall be notified of the establishment of~~
21 ~~public health dispensaries and any contracts pertaining to the dispensaries. The~~
22 department may establish, operate and maintain public health dispensaries and

1 branches in areas of the state where local authorities have not provided public health
2 dispensaries.

History: **History:** 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27, 75, 156, 175, 252.

****NOTE: Must DHFS offer the opportunity to comply and the opportunity for a fair hearing *prior to* revocation or suspension?

3 **SECTION 31.** 252.10 (3)^x of the statutes is repealed.

4 **SECTION 32.** 252.10 (5)^x of the statutes is repealed.

5 **SECTION 33.** 252.10 (6) (a) of the statutes is amended to read:

6 252.10 (6) (a) The state shall credit or reimburse each dispensary on an annual
7 or quarterly basis for the operation of public health dispensaries established and
8 maintained in accordance with this section and rules promulgated by the
9 department.

History: **History:** 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27, 75, 156, 175, 252.

10 **SECTION 34.** 252.10 (6) (b) of the statutes is amended to read:

11 252.10 (6) (b) The state department[✓] shall determine by rule the reimbursement
12 for each visit rate under par. (a)[✓] for services as ordered by a physician shall be \$6 or
13 a greater amount prescribed in rules promulgated by the department. ~~If an X-ray~~
14 ~~is taken, an additional \$6 or any greater amount prescribed in rules promulgated by~~
15 ~~the department will be credited. Any X-ray taken outside a facility under this~~
16 ~~section or outside a facility approved under s. 252.08~~[✓] ~~on individuals who have a~~
17 ~~significant reaction to a test for mycobacterium tuberculosis shall qualify for state~~
18 ~~aid in the same manner as an X-ray taken inside a facility, and the X-ray shall take~~
19 ~~the place of the first X-ray eligible for reimbursement as part of a case finding and~~
20 ~~preventive program under par. (e).~~[✓] ~~The administration and reading of the test for~~
21 ~~mycobacterium tuberculosis for diagnostic purposes shall be considered one visit.~~
22 ~~Tests for mycobacterium tuberculosis given in school programs, employment health~~

1 ~~programs, community preventive and case finding programs are not reimbursable~~
 2 ~~as a clinic visit.~~

History: **History:** 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27, 75, 156, 175, 252.

3 **SECTION 35.** 252.10 (6) (c) ^X of the statutes is repealed.

4 **SECTION 36.** 252.10 (6) (d) ^X of the statutes is repealed.

5 **SECTION 37.** 252.10 (6) (e) ^X of the statutes is repealed.

6 **SECTION 38.** 252.10 (6) (f) ^X of the statutes is repealed.

7 **SECTION 39.** 252.10 (6) (g) ^X of the statutes, as affected by 1997 Wisconsin Act 27,
 8 is amended to read:

9 252.10 (6) (g) The reimbursement by the state under pars. (a) ~~to (f)~~ [✓] and (b) shall
 10 apply only to funds that the department allocates for the reimbursement under the
 11 appropriation under s. 20.435 (5) (e).

History: **History:** 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20) (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27, 75, 156, 175, 252.

12 **SECTION 40.** 252.10 (7) [✓] of the statutes, as affected by 1997 Wisconsin Acts 75,
 13 156 [✓] and 175 [✓], is amended to read:

14 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis
 15 shall be purchased by the department from the appropriation under s. 20.435 [✓] (5) (e)
 16 and dispensed to patients through the public health dispensaries ~~or through health~~
 17 ~~care providers, as defined in s. 146.81 (1), other than massage therapists or~~
 18 ~~bodyworkers issued a license of registration under subch. X ~~(XI)~~ of ch. 440, social~~
 19 ~~workers, marriage and family therapists or professional counselors certified under~~
 20 ~~ch. 457, speech language pathologists or audiologists licensed under subch. II of ch.~~
 21 ~~459, speech and language pathologists licensed by the [✓] department of public~~
 22 ~~instruction or [✓] dietitians certified under subch. V [✓] of ch. 448, local health departments,~~
 23 physicians or advanced practice nurse prescribers.

1 NOTE: NOTE: NOTE: Sub. (7) is shown as amended eff. 2-1-99 by 1997 Wis. Act 175. The bracketed language indicates the correct cross-references as renumbered
2 by the revisor under s. 13.93 (1)(b). Prior to 2-1-99 it reads:

3 (7) Drugs necessary for the treatment of mycobacterium tuberculosis shall be purchased by the department from the appropriation under s. 20.435 (5) (e) and
4 dispensed to patients through the public health dispensaries or through health care providers, as defined in s. 146.81 (1), other than massage therapists or bodyworkers
5 issued a license of registration under subch. X [XI] of ch. 440, than social workers, marriage and family therapists or professional counselors certified under ch. 457,
6 speech-language pathologists or audiologists licensed under subch. II of ch. 459, speech and language pathologists licensed by the department of public instruction or
7 dietitians certified under subch. V of ch. 448.

History: History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20)
8 (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27,
9 75, 156, 175, 252.

SECTION 41. 252.10 (9) of the statutes is amended to read:

10 252.10 (9) Public health dispensaries shall maintain such records as are
11 required by the department to enable them to carry out their responsibilities
12 designated in this section and in rules promulgated by the department. Records
13 shall be submitted annually to the department as soon as possible after the close of
each fiscal year and not later than August 15 following.

History: History: 1971 c. 81; 1971 c. 211 s. 124; 1973 c. 90; 1975 c. 39, 198, 224; 1975 c. 413 ss. 2, 18; Stats. 1975 s. 149.06; 1977 c. 29; 1981 c. 20 ss. 1446, 2202 (20)
14 (c); 1983 a. 27; 1985 a. 29; 1991 a. 39, 160; 1993 a. 27 ss. 406, 407, 409, 411 to 414; Stats. 1993 s. 252.10, 1993 a. 443; 1995 a. 27 ss. 6318, 9126 (19), 9145 (1); 1997 a. 27,
15 75, 156, 175, 252.

SECTION 42. 252.14 (1) (d) of the statutes, as affected by 1997 Wisconsin Act 35,

is amended to read:

16 252.14 (1) (d) "Inpatient health care facility" means a hospital, nursing home,
17 community-based residential facility, county home, county mental health complex,
18 ~~tuberculosis sanatorium~~ or other place licensed or approved by the department
19 under ~~ss. s.~~ s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073~~
20 and ~~252.076~~ or a facility under s. 45.365, 48.62, 51.05, 51.06, 233.40, 233.41, 233.42
21 or 252.10.

History: History: 1989 a. 201; 1991 a. 32, 39, 160, 189, 269, 315; 1993 a. 27 ss. 326 to 331; Stats. 1993 s. 252.14; 1993 a. 105, 190, 252, 443; 1993 a. 490 s. 143; 1993 a.
22 491, 495; 1995 a. 27 ss. 6322, 9145 (1); 1997 a. 27, 35, 67, 75, 175; s. 13.93 (2) (c).

SECTION 43. 255.05 (1) (a) of the statutes is amended to read:

23 255.05 (1) (a) "Institution" means any hospital, nursing home, county home,
24 county mental hospital, ~~tuberculosis sanatorium,~~ community-based residential
25 facility or other place licensed or approved by the department under ~~ss. s.~~ s. 49.70,
26 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073~~ and ~~252.076~~.

History: History: 1987 a. 399; 1989 a. 31; 1991 a. 39; 1993 a. 27 s. 344; Stats. 1993 s. 255.05; 1995 a. 27; 1997 a. 27, 79.

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SECTION 44. 610.70 (1) (e) of the statutes, as ^{created}~~affected~~ by 1997 Wisconsin Act

2 231, is amended to read:

3 610.70 (1) (e) "Medical care institution" means a facility, as defined in s. 647.01
 4 (4), or any hospital, nursing home, community-based residential facility, county
 5 home, county infirmary, county hospital, county mental health center, ~~tuberculosis~~
 6 ~~sanatorium~~, adult family home, assisted living facility, rural medical center, hospice
 7 or other place licensed, certified or approved by the department of health and family
 8 services under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.032, 50.033, 50.034, 50.35,
 9 50.52, 50.90, 51.04, 51.08, 51.09, or 58.06, ~~252.073~~ [✓] or ~~252.076~~ [✓] or a facility under s.
 10 45.365, 51.05, 51.06 or 252.10 or under ch. 233 or licensed or certified by a county
 11 department under s. 50.032 or 50.033.

History: History: 1997 a. 231.

12

(END) ✓

Handwritten notes and arrows: A large arrow points from the history line to the word "services" in the statute text. Another arrow points from the word "family" in the statute text to the word "family" in the handwritten notes. There are several circled 'B's with arrows pointing to various parts of the statute text.

(#) TUBERCULOSIS. The treatment of ^{sections} ~~§~~ 752.10(7) and 610.70(1)(e) ^{of the statutes} take effect on June 1, 1999, or on the day after publication, whichever is later.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-5303/P1dn

TAY:.....

Jg

1. The drafting instructions contain several definitions for words or phrases that do not appear anywhere but in the definition section. I have not included in this draft definitions of words or phrases that do not appear elsewhere in s. 252.07 (either currently or in this draft), but I recognize that you may have a nondefinitional reason for including some of the words or phrases. If you provide me with the nondefinitional context in which you'd envisioned the words and phrases to appear, I can incorporate that into the substantive portion of this draft. For example, how did you envision "detention" or "isolation" to be incorporated into these provision? Who would detain or isolate whom and under what circumstances? Please be sure to differentiate between the circumstances under which someone would be detained and those under which someone would be isolated. Also, did you want to set forth the standards for finding a person noninfectious? If so, please indicate who would make the finding. Finally, please note that defining a term for one section of the statutes does not define the term for other sections of the statutes. Make sure that the terms are defined for the sections in which you want to use the terms. S

2. The drafting instructions (item 3) refer to s. "252.973 (commitment)" and indicate that the provision is to be expanded. Section 252.973 does not exist and I am uncertain to what section you intended to refer. I cannot, without more direction, describe under what circumstances a local health officer or the department may petition the court to order the commitment of a person, etc.

3. The effect of striking through an entire statutory unit is to repeal that unit. The proposed language strikes through all of s. 252.08. Item 4 of the drafting instructions, however, request that an amendment be made to s. 252.08 (3). In this draft, I have repealed s. 252.08 and therefore made no amendment to any of its subsections. Is this your intent?

Finally, please review the notes that are embedded in the draft.

If you have any questions about this draft, or if any part of it does not effect your intent, please let me know. I would be happy to meet with you to discuss the draft.

Tina A. Yacker
Legislative Attorney
261-6927

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-5303/P1dn

TAY:jlj:jf

September 3, 1998

1. The drafting instructions contain several definitions for words or phrases that do not appear anywhere but in the definition section. I have not included in this draft definitions of words or phrases that do not appear elsewhere in s. 252.07 (either currently or in this draft), but I recognize that you may have a nondefinitional reason for including some of the words or phrases. If you provide me with the nondefinitional context in which you'd envisioned the words and phrases to appear, I can incorporate that into the substantive portion of this draft. For example, how did you envision "detention" or "isolation" to be incorporated into these provisions? Who would detain or isolate whom and under what circumstances? Please be sure to differentiate between the circumstances under which someone would be detained and those under which someone would be isolated. Also, did you want to set forth the standards for finding a person noninfectious? If so, please indicate who would make the finding. Finally, please note that defining a term for one section of the statutes does not define the term for other sections of the statutes. Make sure that the terms are defined for the sections in which you want to use the terms.

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Finally, please review the notes that are embedded in the draft.

If you have any questions about this draft, or if any part of it does not effect your intent, please let me know. I would be happy to meet with you to discuss the draft.

Tina A. Yacker
Legislative Attorney
261-6927

D-NOTE

Sam

jlj R not m

DOA:.....de Boor - TB/communicable diseases

1999-01
FOR 1997-99 BUDGET - NOT READY FOR INTRODUCTION

1 DO not gen
AN ACT ...; relating to: tuberculosis and other communicable diseases.

Analysis by the Legislative Reference Bureau

HEALTH AND ^{HUMAN} SOCIAL SERVICES
HEALTH

This is a preliminary draft. An analysis will be provided in a later version.

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

2 SECTION 1. 20.435 (5) (e) ^X of the statutes, as affected by 1997 Wisconsin Act 27,
3 is amended to read:

4 20.435 (5) (e) Disease aids. Biennially, the amounts in the schedule for
5 assisting victims of diseases, as provided in ss. 49.68, 49.683, 49.685, 58.06, ~~252.08~~
6 (4) and (5) and 252.10 (6) and (7), as allocated by the department.

7 SECTION 2. 46.18 (1) ^X of the statutes is amended to read:

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46.18 (1) TRUSTEES. Every county home, infirmary, hospital, tuberculosis hospital ~~or sanatorium,~~[✓] or similar institution, shall, subject to regulations approved by the county board, be managed by a board of trustees, electors of the county, chosen by ballot by the county board. At its annual meeting, the county board shall appoint an uneven number of trustees, from 3 to 9 at the option of the board, for staggered 3-year terms ending the first Monday in January. Any vacancy shall be filled for the unexpired term by the county board; but the chairperson of the county board may appoint a trustee to fill the vacancy until the county board acts.

****NOTE: Does this subsection need to be amended further, for example to exclude the term "tuberculosis hospital"?

SECTION 3. 46.20 (1)^x of the statutes is amended to read:

46.20 (1) Any 2 or more counties may jointly, by majority vote of all the members of each county board, provide for a county home, infirmary, hospital, tuberculosis hospital ~~or sanatorium,~~[✓] or similar institution, or juvenile detention home, which shall be established, maintained and operated pursuant to all the statutes relating to the establishment, maintenance and operation of similar institutions, respectively, by any single county whose population is less than 250,000, except as otherwise provided in this section; and in all respects, except as herein specified, each such institution shall be the county institution of each of the counties so joining.

****NOTE: Does this subsection need to be amended further, for example to exclude the term "tuberculosis hospital"?

SECTION 4. 46.20 (3)^x of the statutes is amended to read:

46.20 (3) Upon approval of the site, plans and specifications, as provided in ~~s. 252.073 as to tuberculosis sanatoriums and~~[✓] ss. 46.17 and 301.37, as to other institutions, the joint committee shall report to the several county boards the

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1 estimated cost of the site and buildings, and the amount thereof chargeable to each
2 county on the basis set forth in sub. (6) (a), appending to each report a copy of the
3 plans and specifications and all matter relating to the site and buildings. If the report
4 is approved by each county board, the joint committee shall purchase the site and
5 cause the buildings to be erected in accordance with the plans and specifications.

6 SECTION 5. 46.20 (8) of the statutes is repealed.

7 SECTION 6. 46.20 (10) of the statutes is repealed.

8 SECTION 7. 48.60 (2) (d) of the statutes is amended to read:

9 48.60 (2) (d) A hospital, maternity hospital, maternity home, or nursing home
10 ~~or tuberculosis sanatorium~~ licensed, approved or supervised by the department;

11 SECTION 8. 49.08 of the statutes is amended to read:

12 **49.08 Recovery of relief and other assistance.** If any person is the owner
13 of property at the time of receiving general relief under ch. 49, 1993 stats., relief
14 funded by a relief block grant or other assistance as an inmate of any county or
15 municipal institution in which the state is not chargeable with all or a part of the
16 inmate's maintenance or as a tuberculosis patient provided for in ss. 58.06 and
17 252.07 to 252.10, or at any time thereafter, or if the person becomes self-supporting,
18 the authorities charged with the care of the dependent, or the board in charge of the
19 institution, may sue for the value of the relief or other assistance from the person or
20 the person's estate. Except as otherwise provided in this section, the 10-year statute
21 of limitations may be pleaded in defense in an action to recover relief or other
22 assistance. Where the recipient of relief or other assistance is deceased, a claim may
23 be filed against the decedent's estate and the statute of limitations specified in s.
24 859.02 shall be exclusively applicable. The court may refuse to render judgment or
25 allow the claim in any case where a parent, spouse, surviving spouse or child is

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1 dependent on the property for support. The court in rendering judgment shall take
 2 into account the current family budget requirement as fixed by the U.S. department
 3 of labor for the community or as fixed by the authorities of the community in charge
 4 of public assistance. The records kept by the municipality, county or institution are
 5 prima facie evidence of the value of the relief or other assistance furnished. ✓ This
 6 section shall not apply to any person who receives care for pulmonary tuberculosis
 7 as provided in s. 252.08 (4).

8 SECTION 9. 50.135 (1) ✓ of the statutes is amended to read:

9 50.135 (1) DEFINITION. In this section, "inpatient health care facility" means
 10 any hospital, nursing home, county home, county mental hospital, ✓ tuberculosis
 11 sanatorium or other place licensed or approved by the department under ss. 49.70,
 12 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, and 58.06, ✓ 252.073 and 252.076, but
 13 does not include community-based residential facilities.

14 SECTION 10. 50.39 (2) ✓ of the statutes is amended to read:

15 50.39 (2) The use of the title "hospital" to represent or identify any facility
 16 which does not meet the definition of a "hospital" as provided herein or is not subject
 17 to approval under ss. 50.32 to 50.39 is prohibited, except that institutions governed
 18 by ss. s. 51.09 and 252.073 ✓ are exempt.

19 SECTION 11. 50.39 (3) ✓ of the statutes, as affected by 1997 Wisconsin Act 175,
 20 is amended to read:

21 50.39 (3) Facilities governed by ss. 45.365, 48.62, 49.70, 49.72, 50.02, 51.09,
 22 58.06, ~~252.073, 252.076~~ and 252.10, secured correctional facilities as defined in s.
 23 938.02 (15m), correctional institutions governed by the department of corrections
 24 under s. 301.02 and the offices and clinics of persons licensed to treat the sick under
 25 chs. 446, 447 and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do

1 not abridge the rights of the medical examining board, physical therapists affiliated
2 credentialing board, podiatrists affiliated credentialing board, dentistry examining
3 board, pharmacy examining board, chiropractic examining board and board of
4 nursing in carrying out their statutory duties and responsibilities.

5 **SECTION 12.** 58.06^x of the statutes is amended to read:

6 **58.06 Private tuberculosis sanatoriums.** Any private, philanthropic
7 tuberculosis sanatorium organized on a nonprofit basis, if approved by the
8 department, may admit patients committed to it by any county, or transferred to it
9 by the department, or referred to it for outpatient service, in the manner and upon
10 the terms provided by ~~ss. 252.08 and s. 252.10~~[✓] except that the sanatorium may add
11 actual interest expense to charges made for the cost of care to recover the costs in
12 carrying the charges and 10% to the charges to generate sufficient earnings in
13 addition to depreciation accruals to provide funds to cover replacement costs for
14 buildings, fixtures and equipment.

***NOTE: Should this section be repealed or amended further?

15 **SECTION 13.** 101.123 (1) (b)^x of the statutes is amended to read:

16 101.123 (1) (b) "Inpatient health care facility" means a county home
17 established under s. 49.70, a county infirmary established under s. 49.72, or a
18 community-based residential facility or a nursing home licensed under s. 50.03[✓] or
19 ~~a tuberculosis sanatorium established under s. 58.06, 252.073 or 252.076.~~

20 **SECTION 14.** 102.26 (2m)^x of the statutes is amended to read:

21 102.26 (2m) In any action for the recovery of costs of hospitalization in a
22 tuberculosis sanatorium, where such cost was incurred by a patient whose
23 tuberculosis entitled the patient to worker's compensation, no attorney fee for the
24 recovery of such cost shall be allowed to the attorney for such patient in such worker's

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1 compensation action, unless, by express agreement with the governing board of such
2 institution the attorney has been retained by such governing board to also act as its
3 attorney.

****NOTE: Should this subsection be repealed or amended in some way?

4 SECTION 15. 102.42 (6)^x of the statutes, ~~as affected by 1997 Wisconsin Act 38,~~
5 is amended to read:

6 102.42 (6) TREATMENT REJECTED BY EMPLOYEE. Unless the employee shall have
7 elected Christian Science treatment in lieu of medical, surgical, dental, hospital or
8 sanatorium treatment, no compensation shall be payable for the death or disability
9 of an employee, if the death be caused, or insofar as the disability may be aggravated,
10 caused or continued by an unreasonable refusal or neglect to submit to or follow any
11 competent and reasonable medical, surgical or dental treatment or, in the case of
12 tuberculosis, by refusal or neglect to submit to or follow hospital [✓] or ~~sanatorium~~
13 treatment when found by the department to be necessary. The right to compensation
14 accruing during a period of refusal or neglect to submit to or follow hospital or
15 ~~sanatorium~~ treatment when found by the department to be necessary in the case of
16 tuberculosis shall be barred, irrespective of whether disability was aggravated,
17 caused or continued thereby.

****NOTE: Should this subsection be amended further, for example to exclude
"hospital" ?

18 SECTION 16. 146.819 (4) (e)^x of the statutes is repealed.

19 SECTION 17. 150.84 (2)^x of the statutes, ~~as affected by 1997 Wisconsin Act 35,~~
20 is amended to read:

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21 150.84 (2) "Health care facility" means a facility, as defined in s. 647.01 (4), or
22 any hospital, nursing home, community-based residential facility, county home,
23 county infirmary, county hospital, county mental health center, ~~tuberculosis~~

1 ~~sanatorium~~ or other place licensed or approved by the department under s. 49.70,
2 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073 or 252.076~~ or a
3 facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

4 **SECTION 18.** 155.01 (6)^x of the statutes, ~~as affected by 1997 Wisconsin Act 35,~~
5 is amended to read:

6 155.01 (6) "Health care facility" means a facility, as defined in s. 647.01 (4), or
7 any hospital, nursing home, community-based residential facility, county home,
8 county infirmary, county hospital, county mental health center, ~~tuberculosis~~
9 ~~sanatorium~~ or other place licensed or approved by the department under s. 49.70,
10 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073 or 252.076~~ or a
11 facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

12 **SECTION 19.** 252.07 (1)^x of the statutes is renumbered 252.07 (1m) and amended
13 to read:

14 252.07 (1m)[✓] ~~Tuberculosis is a communicable disease caused by mycobacterium~~
15 ~~tuberculosis and is~~ Infectious tuberculosis and suspect tuberculosis are subject to the
16 reporting requirements specified in s. 252.05. Any laboratory that ~~performs a test~~
17 receives a specimen for tuberculosis testing shall report all positive results obtained
18 by any appropriate procedure, including a procedure performed by an[✓]out-of-state
19 laboratory, to the local health officer and to the department.

20 **SECTION 20.** 252.07 (1g)^x of the statutes is created to read:

21 252.07 (1g) In this section:

22 (a) "Infectious tuberculosis" means tuberculosis disease of the respiratory
23 tract, capable of producing infection or disease in others as demonstrated by the
24 presence of acid-fast bacilli in the sputum or bronchial secretions or by chest
25 radiograph and clinical findings.

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1 (b) "Isolate" means a population of bacteria or other cells that has been obtained
2 in pure culture medium by separation and that is differentiated from other bacteria
3 or cells by the accumulation of new characteristics.

****NOTE: Is this an accurate definition of "isolate"? I have attempted to paraphrase
the medical dictionary definition (the word as a noun does not appear in the standard
English dictionary) and I am uncertain if I have succeeded in capturing the meaning of
the word.

4 (b) "Isolation" means the separation from other persons of a person with
5 infectious tuberculosis in a place and under conditions that prevent the transmission
6 of the infection.

7 (c) "Suspect tuberculosis" means an illness marked by symptoms and
8 laboratory tests that may be indicative of tuberculosis, such as a prolonged cough,
9 prolonged fever, hemoptysis, compatible roentgenographic findings or other
10 appropriate medical imaging findings.

11 SECTION 21. 252.07 (1p)^x of the statutes is created to read:

12 252.07 (1p) Any laboratory that performs primary culture for mycobacteria
13 shall also perform organism identification for mycobacterium tuberculosis complex
14 using an approved rapid testing procedure.

****NOTE: By whom must the rapid testing procedure be approved?

15 SECTION 22. 252.07 (1t)^x of the statutes is created to read:

16 252.07 (1t) Any laboratory that identifies mycobacterium tuberculosis shall
17 ensure that antimicrobial drug susceptibility tests are performed on the initial
18 isolate. The laboratory shall report the results of these tests to the local health officer
19 and the department.

20 SECTION 23. 252.07 (4)^x of the statutes is repealed.

21 SECTION 24. 252.07 (5)^x of the statutes is amended to read:

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(handwritten initials)

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1 252.07 (5) Upon report of any person under sub. (1) (1m) or (1t), the local health
2 officer shall at once investigate and make and enforce the necessary orders. If the
3 person does not voluntarily comply, the local health officer or the department may
4 order a medical evaluation, directly observed therapy or home isolation.

****NOTE: If which person does not voluntarily comply with what?

5 SECTION 25. 252.07 (7) of the statutes is repealed.

6 SECTION 26. 252.073 of the statutes is repealed.

7 SECTION 27. 252.076 of the statutes is repealed.

8 SECTION 28. 252.08 of the statutes, as affected by 1997 Wisconsin Act 27, is
9 repealed.

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plain

10 SECTION 29. 252.09 of the statutes is repealed.

11 SECTION 30. 252.10 (1) of the statutes is amended to read:

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12 ~~252.10 (1) Counties with populations of more than 25,000 may establish and~~
13 ~~maintain public health dispensaries and, where necessary, branches of the~~
14 ~~dispensaries~~ A local health department may request from the department of health
15 and family services certification to establish and maintain a public health
16 dispensary for the diagnosis and treatment of persons suffering from or suspected
17 of having mycobacterium tuberculosis or other pulmonary diseases. Two or more
18 counties local health departments may jointly establish, operate and maintain
19 public health dispensaries in order to serve a total population of not less than 25,000.
20 Counties. The department of health and family services shall certify a local health
21 department to establish and maintain a public health dispensary if the local health
22 department meets the standards established by the department of health and family
23 services by rule. The department of health and family services may withhold,
24 suspend or revoke a certification if the local health department fails to comply with

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1 any rules or standards promulgated by the department. The department of health
 2 and family services shall provide the local health department with reasonable notice
 3 of the decision to withhold, suspend or revoke certification. The department of health
 4 and family services shall offer the local health department an opportunity to comply
 5 with the rules and standards and an opportunity for a fair hearing. Local health
 6 departments may contract with each other for public health dispensary services. The
 7 ~~department and department of revenue shall be notified of the establishment of~~
 8 ~~public health dispensaries and any contracts pertaining to the dispensaries. The~~
 9 department may establish, operate and maintain public health dispensaries and
 10 branches in areas of the state where local authorities have not provided public health
 11 dispensaries.

****NOTE: Must DHFS offer the opportunity to comply and the opportunity for a fair hearing prior to revocation or suspension?

12 SECTION 31. 252.10 (3) ^X of the statutes is repealed.

13 SECTION 32. 252.10 (5) ^X of the statutes is repealed.

14 SECTION 33. 252.10 (6) (a) ^X of the statutes is amended to read:

15 252.10 (6) (a) The state shall credit or reimburse each dispensary on an annual
 16 or quarterly basis for the operation of public health dispensaries established and
 17 maintained in accordance with this section and rules promulgated by the
 18 department.

19 SECTION 34. 252.10 (6) (b) ^X of the statutes is amended to read:

20 252.10 (6) (b) The state department shall determine by rule the reimbursement
 21 for each visit rate under par. (a) for services as ordered by a physician shall be \$6 or
 22 ~~a greater amount prescribed in rules promulgated by the department. If an X-ray~~
 23 ~~is taken, an additional \$6 or any greater amount prescribed in rules promulgated by~~

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1 the department will be credited. Any X-ray taken outside a facility under this
 2 section or outside a facility approved under s. 252.08 on individuals who have a
 3 significant reaction to a test for mycobacterium tuberculosis shall qualify for state
 4 aid in the same manner as an X-ray taken inside a facility, and the X-ray shall take
 5 the place of the first X-ray eligible for reimbursement as part of a case finding and
 6 preventive program under par. (e). The administration and reading of the test for
 7 mycobacterium tuberculosis for diagnostic purposes shall be considered one visit.
 8 Tests for mycobacterium tuberculosis given in school programs, employment health
 9 programs, community preventive and case finding programs are not reimbursable
 10 as a clinic visit.

11 SECTION 35. 252.10 (6) (c) of the statutes is repealed.

12 SECTION 36. 252.10 (6) (d) of the statutes is repealed.

13 SECTION 37. 252.10 (6) (e) of the statutes is repealed.

14 SECTION 38. 252.10 (6) (f) of the statutes is repealed.

15 SECTION 39. 252.10 (6) (g) of the statutes, as affected by 1997 Wisconsin Act 27,
 16 is amended to read:

17 252.10 (6) (g) The reimbursement by the state under pars. (a) to (f) and (b) shall
 18 apply only to funds that the department allocates for the reimbursement under the
 19 appropriation under s. 20.435 (5) (e).

20 SECTION 40. 252.10 (7) of the statutes, as affected by 1997 Wisconsin Acts 5,
 21 156 and 175, is amended to read:

22 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis
 23 shall be purchased by the department from the appropriation under s. 20.435 (5) (e)
 24 and dispensed to patients through the public health dispensaries for through health
 25 care providers, as defined in s. 146.81 (1), other than massage therapists or

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1 bodyworkers issued a license of registration under subch. X of ch. 440, social workers,
 2 marriage and family therapists or professional counselors certified under ch. 457,
 3 speech language pathologists or audiologists licensed under subch. II of ch. 459,
 4 speech and language pathologists licensed by the department of public instruction
 5 or dietitians certified under subch. V of ch. 448, local health departments, physicians
 6 or advanced practice nurse prescribers.

7 SECTION 41. 252.10 (9)^X of the statutes is amended to read:

8 252.10 (9) Public health dispensaries shall maintain such records as are
 9 required by the department to enable them to carry out their responsibilities
 10 designated in this section and in rules promulgated by the department. Records
 11 shall be submitted annually to the department as soon as possible after the close of
 12 each fiscal year and not later than August 15 following.

13 SECTION 42. 252.14 (1) (d)^X of the statutes, as affected by 1997 Wisconsin Act 35,
 14 is amended to read:

15 252.14 (1) (d) "Inpatient health care facility" means a hospital, nursing home,
 16 community-based residential facility, county home, county mental health complex,
 17 ~~tuberculosis sanatorium~~ or other place licensed or approved by the department
 18 under ~~ss. s.~~ s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073~~
 19 ~~and 252.076~~ or a facility under s. 45.365, 48.62, 51.05, 51.06, 233.40, 233.41, 233.42
 20 or 252.10.

21 SECTION 43. 255.05 (1) (a)^X of the statutes is amended to read:

22 255.05 (1) (a) "Institution" means any hospital, nursing home, county home,
 23 county mental hospital, ~~tuberculosis sanatorium,~~ community-based residential
 24 facility or other place licensed or approved by the department under ss. s. 49.70,
 25 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, or 58.06, ~~252.073 and 252.076.~~

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SECTION 44. 610.70 (1) (e)^X of the statutes, as created by 1997 Wisconsin Act 231,
is amended to read:

610.70 (1) (e) "Medical care institution" means a facility, as defined in s. 647.01
(4), or any hospital, nursing home, community-based residential facility, county
home, county infirmary, county hospital, county mental health center, tuberculosis
sanatorium, adult family home, assisted living facility, rural medical center, hospice
or other place licensed, certified or approved by the department of health and family
services under s. 49.70, 49.71, 49.72, 50.02, 50.03, 50.032, 50.033, 50.034, 50.35,
50.52, 50.90, 51.04, 51.08, 51.09, or 58.06, ~~252.073~~ or ~~252.076~~[✓] or a facility under s.
45.365, 51.05, 51.06 or 252.10 or under ch. 233 or licensed or certified by a county
department under s. 50.032 or 50.033.

⁹⁴²³
SECTION ~~9422~~^X. Effective dates; health and family services.

(1) TUBERCULOSIS. The treatment of sections 252.10 (7) and 610.70 (1) (e) of the
statutes take effect on June 1, 1999[✓], or on the day after publication, whichever is
later.

(END)[✓]

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

0183
LRB-5303/P1dn

TAY:jlj:jf

↑
stays

September 3, 1998

new date

and replaces

1997

→ #1. This draft is basically identical to LRB-5303/P1. Please refer to ~~the~~ 1997 LRB-0183 when requesting ~~the~~ changes to this draft. ↑

2
3. The drafting instructions contain several definitions for words or phrases that do not appear anywhere but in the definition section. I have not included in this draft definitions of words or phrases that do not appear elsewhere in s. 252.07 (either currently or in this draft), but I recognize that you may have a nondefinitional reason for including some of the words or phrases. If you provide me with the nondefinitional context in which you'd envisioned the words and phrases to appear, I can incorporate that into the substantive portion of this draft. For example, how did you envision "detention" or "isolation" to be incorporated into these provisions? Who would detain or isolate whom and under what circumstances? Please be sure to differentiate between the circumstances under which someone would be detained and those under which someone would be isolated. Also, did you want to set forth the standards for finding a person noninfectious? If so, please indicate who would make the finding. Finally, please note that defining a term for one section of the statutes does not define the term for other sections of the statutes. Make sure that the terms are defined for the sections in which you want to use the terms.

3
4. The drafting instructions (item 3) refer to s. "252.973 (commitment)" and indicate that the provision is to be expanded. Section 252.973 does not exist and I am uncertain to what section you intended to refer. I cannot, without more direction, describe under what circumstances a local health officer or the department may petition the court to order the commitment of a person, etc.

4
5. The effect of striking through an entire statutory unit is to repeal that unit. The proposed language strikes through all of s. 252.08. Item 4 of the drafting instructions, however, request that an amendment be made to s. 252.08 (3). In this draft, I have repealed s. 252.08 and therefore made no amendment to any of its subsections. Is this your intent?

Finally, please review the notes that are embedded in the draft.

If you have any questions about this draft, or if any part of it does not effect your intent, please let me know. I would be happy to meet with you to discuss the draft.

Tina A. Yacker
Legislative Attorney
261-6927

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0183/P1dn
TAY:jlg:lp

September 21, 1998

1. This draft is basically identical to and replaces 1997 LRB-5303/P1. Please refer to 1999 LRB-0183 when requesting changes to this draft.

2. The drafting instructions contain several definitions for words or phrases that do not appear anywhere but in the definition section. I have not included in this draft definitions of words or phrases that do not appear elsewhere in s. 252.07 (either currently or in this draft), but I recognize that you may have a nondefinitional reason for including some of the words or phrases. If you provide me with the nondefinitional context in which you'd envisioned the words and phrases to appear, I can incorporate that into the substantive portion of this draft. For example, how did you envision "detention" or "isolation" to be incorporated into these provisions? Who would detain or isolate whom and under what circumstances? Please be sure to differentiate between the circumstances under which someone would be detained and those under which someone would be isolated. Also, did you want to set forth the standards for finding a person noninfectious? If so, please indicate who would make the finding. Finally, please note that defining a term for one section of the statutes does not define the term for other sections of the statutes. Make sure that the terms are defined for the sections in which you want to use the terms.

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Finally, please review the notes that are embedded in the draft.

If you have any questions about this draft, or if any part of it does not effect your intent, please let me know. I would be happy to meet with you to discuss the draft.

Tina A. Yacker
Legislative Attorney
261-6927

**Department of Health and Family Services
Office of Strategic Finance**

PO Box 7850
Madison WI 53707-7850
Phone (608) 266-3816
Fax (608) 267-0358

Date: October 26, 1998
To: Tina A. Yacker
Legislative Reference Bureau
From: Ellen Hadidian *EH*
Budget Section
Subject: LRB 0183 – Tuberculosis Statutes

Public Health and Office of Legal Counsel staff have reviewed this draft. Our answers to questions raised in the draft and other comments are given below.

1. Definitions of isolation and detention. Department staff assumed that s. 252.06, which describes isolation and quarantine in general for communicable diseases, would apply to TB patients as well. References to "detention" and "isolation" are made with this assumption in mind. We have made no changes to isolation and quarantine statutes, only to commitment and detention statutes. (See note below on 252.073). None of our requested language for 252.072 (emergency detention) or 252.073 (commitment) were included in this draft. Please add them to the next draft. I have attached another copy of our request, highlighting the missing sections. If, after drafting these sections, you still have questions about the way in which the revised statutes treat isolation and detention, we can discuss this further.

Since "isolation" is not defined in statute, a definition could be added if it was thought necessary. However, isolation is not specific to TB so any definition would have to be broader than one for just the TB program. OLC staff would like to see a cross-reference to 252.06 in s.252.07 (1m) to make it clear we are using the existing isolation and quarantine statutes.

2. s.252.973 (commitment). This was a typo in the cover memo; the reference to "252.973 (commitment)" was meant to be a reference to "252.073. (commitment)." Our drafting instructions included a revised "252.073 Order for Commitment." This revised section does not appear in this draft but it provides the details we are requesting for commitment orders. Please incorporate this section in the next draft. I am attaching another copy.

3. s.252.08 (3). In our statutory language draft, section 253.08 (3) was repealed and recreated as 252.074 (2). This revision does not appear in the LRB draft. Our cover memo was misleading because it referred to a change requested for s.253.08(3) and it should have referred to a change requested to the new 252.074(2). Please add this language to the draft and amend as follows:

(2) Inpatient care for ~~isolated~~ pulmonary tuberculosis patients isolated by court order. . .

4. Page 2. Yes, please remove references to tuberculosis hospital in 46.18 (1) and 46.20 (1).

5. Page 5. Please repeal s.58.06 and all cross-references to this section. (See attached for cross references in this draft.)

6. Page 6. Yes, please delete s.102.26(2m).

7. Page 6. Please change s.102.42(6) by adding "or medical" in place of the deleted "or sanatorium."

8. Page 7. Please change s.252.07 (1g) (b) to read: "Isolate means a population of Mycobacterium tuberculosis bacteria that has been obtained in pure culture medium."

9. Page 8. In section 252.07 (1p), you asked by whom the rapid testing procedure must be approved. Could you add the phrase, "as determined by rule"? We will be following Center for Disease Control guidelines here and these may change frequently, so it is preferable to have the authority to amend the rule rather than try to revise the statutes every time CDC guidelines change.

10. Page 9. In section 252.07(5), the person who does not voluntarily comply is the person who is reported in the first sentence. The person does not voluntarily comply with "the provisions of the order." Also, does "Department of Health and Family Services" have to be written out each time? Can just "Department" be substituted as is usually done in other sections of the statutes? *- D - NOTE - to avoid confusion with local health Dept*

11. Page 10. Yes, local health departments should be offered the right to a hearing prior to revocation.

12. The Department would like to add language that makes it clear that local health departments may obtain department certification to be a dispensary and that local health departments may contract for dispensary services. The language should specify that local health departments with dispensary certification that contract for dispensary services will ultimately be responsible for upholding standards of certification. *1 of them*

Thank you for your work on this draft. I am enclosing a summary of the changes the Department is requesting which may be helpful. If you have any questions about this request or wish to discuss any of the issues you have raised further, please call me at 6-8155. *cc: Sue Jablonsky*

cc: Sue Jablonsky
Mike Bormett
Jerry Young
Tanya Beyers

Cross references to s.58.06, to be deleted

- p. 1, line 5
- p. 3, line 16
- p. 4, line 12
- p. 4, line 22
- p. 7, line 2
- p. 7, line 10
- p. 12, lines 18 and 25

**Changes Requested in the Communicable Disease Statute (s.252)
Related to Tuberculosis
August 26, 1997.**

A section on definitions has been added to clarify the meaning of terms used in the statute revision.

New language has been added requiring that laboratories that perform primary culture for mycobacteria also perform organism identification for *M. tuberculosis* complex and that laboratories that identify *M. tuberculosis* assure that antimicrobial drug susceptibility tests are performed [s. 252.071 (2) and (3)]. This language is intended to decrease both the amount of time laboratories take to identify tuberculosis and the likelihood that drug-resistant disease will develop due to inappropriate treatment.

A new section has been added permitting the local health officer to issue an emergency detention order (s.252.072). This section describes how and where that person will be detained, how long the detention will last, and the rights of the detained person.

The section on commitment (s. 252.073) has been expanded. The new language describes how and under what circumstances a local health officer or the department may petition the court to order the commitment of a person, under what circumstances the commitment may be terminated and the rights of the committed person including the right to appeal.

Language allowing department reimbursement of hospital costs after 30 days, for patients with TB, has been retained in this proposed statute language (252.074(2)). This applies to hospitalized patients with TB who have no other means of payment. The Joint Finance Committee modified this language during their deliberation on the 97-99 budget bill (see attached budget bill language). We are seeking clarification on the effect of this modification.

Obsolete language related to tuberculosis sanitoriums and tuberculosis acute treatment centers has been eliminated (s. 252.073, 252.076, 252.08 and 252.09). All tuberculosis sanitoriums have been closed and are not expected to reopen. Certification of treatment centers is unnecessary because the Bureau of Quality Compliance assures that hospitals meet infection control standards established by OSHA.

The section on public health dispensaries (s. 252.10) has been shortened. Specific details regarding reimbursable services and the amount of reimbursement that originally appeared in statute have been moved to proposed rule HSS 145. In addition, new language has been added permitting any local health department, regardless of jurisdictional size, to request public health dispensary certification. Dispensary

certification is currently limited to counties with populations of more than 25,000. At this time, the City of Milwaukee Health Department is the only certified tuberculosis public health dispensary in Wisconsin.

The fiscal impact of these ^{changes} is estimated at \$297,510 (GPR = \$264,785 and federal = \$32,725) to pay for services provided through public health dispensaries. These services are listed in the attached fiscal impact statement and are included in the proposed rule, HSF145.

testing shall report all positive results obtained by any appropriate procedure, including a procedure performed by an out-of state laboratory, to the local health officer and to the department.

~~(2)(5) The department shall identify groups at risk for contracting or transmitting mycobacterium tuberculosis *M. tuberculosis* and shall recommend the protocol for screening members of those groups. If necessary to prevent or control the transmission of mycobacterium tuberculosis- *M. tuberculosis*, the department may promulgate rules that require screening of members of specific groups that are at risk for contracting or transmitting mycobacterium tuberculosis *M. tuberculosis*.~~

~~(2) Any laboratory that performs primary culture for mycobacteria shall also perform organism identification for *M. tuberculosis* complex using an approved rapid testing procedure.~~

~~(3) Any laboratory that identifies *M. tuberculosis* shall assure that antimicrobial drug susceptibility tests are performed on the initial isolate. Results of these tests shall be reported to the local health officer and the department.~~

~~(4) Any court of record may commit a person infected with mycobacterium tuberculosis to a place that will provide proper care and prevent the spread of the disease if the disease is diagnosed by a medical, laboratory or X-ray examination and if the person fails to comply with this chapter or with rules of the department concerning tuberculosis. If the local health officer or any resident of the municipality in which an alleged violation of this subsection occurs petitions the court and states the facts of the alleged violation, the court shall summon the person infected with tuberculosis to appear in court on a date at least 48 hours, but not more than 96 hours, after service of the summons. The court may order the person discharged. If the administrative officer of the institution has good cause to believe that a person who is committed may leave without a court order, the officer may restrain the person from leaving. The administrative officer may segregate any person who is committed, as needed.~~

~~(5) Upon report of any person under sub. (1), the local health officer shall at once investigate and make and enforce the necessary orders. If the person does not voluntarily comply, the local health officer or the department may order a medical evaluation, directly observed therapy or home isolation.~~

~~(7) For the purpose of this section persons in charge of common carriers shall have police powers.~~

~~History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490.~~

~~CR; 252.07(c)~~
~~252.07(a) Order for Emergency Detention (1) A local health officer or the department may order the detention of a person if the local health officer or the~~

(a)

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department has notified the court in writing of the detention order and has provided the court with the following documentation: ^(a) a written statement from a physician that the person has infectious tuberculosis; ^(b) a written statement from the local health officer or the department that the person has not complied with the prescribed treatment regimen and giving such evidence as the person's refusing to take anti-tuberculosis medication, missing appointments for directly observed therapy or being observed in public places in violation of isolation orders; and ^(c) a written statement from the local health officer or the department that the person poses an imminent and substantial threat to himself or herself or the public health.

^(b) A local health officer or the department may order the detention of a person if the local health officer or the department has notified the court in writing of the detention order and has provided the court with documentation which included evidence, documented by facts, that the person has suspect tuberculosis and refuses to undergo a medical examination to confirm the diagnosis.

^(c) Upon completion of the requirements specified in (1) or (2), the local health officer shall direct a peace officer or other designated transport personnel to immediately transport the person as so ordered by the local health officer or the department. If the person is already institutionalized in a facility, the court may order the facility to temporarily detain the person.

^(d) A person detained under this subsection shall not be detained longer than 72 hours, excluding Saturdays, Sundays and legal holidays, without a court hearing to determine if the temporary detention should continue.

^(e) Notice of a hearing under this subsection shall be served upon the person not less than 24 hours before the hearing is held. The notice shall contain all of the following information: The time, date and place of the hearing; the grounds and underlying facts upon which continued detention is sought; the person's right to appear at the hearing; the person's right to present and cross-examine witnesses; and the person's right to counsel including the right to counsel designated by the court.

^(f) Detention shall be in a place determined by the local health officer that will meet the person's need for medical evaluation, isolation and treatment.

^(g) **252.07(a) Order for Commitment.** A local health officer or the department may petition any court of record for a hearing to determine whether a person with tuberculosis should be committed to a facility where proper care and treatment will be provided and spread of the disease will be prevented if the local health officer or the department has evidence, documented by facts in the petition, that: (a) the person has infectious, noninfectious or suspect tuberculosis; (b) the person has failed or refused to comply with this chapter or with the prescribed treatment regimen or with rules of the department concerning tuberculosis; (c) all other reasonable means of achieving voluntary compliance with treatment have been exhausted and no less restrictive

CR; 252.07(a)

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Evidence

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alternative exists and (d) the person poses an imminent and substantial threat to himself or herself or the public health.

⁽⁶⁾
(2) Notice of the petition and the time, date and place of the hearing shall be served personally on the person and the petitioner at least 48 hours but not more than 96 hours, before the date of the hearing. Notice of the hearing shall include notice of the person's right to appear at the hearing, the right to present evidence and cross-examine witnesses, and the right to be represented by legal counsel. Further, the person shall be given a copy of the documentary evidence to be presented, a list of the proposed actions to be taken and the reasons for each action; and shall be given a verbatim transcript of the hearing on request for appeal purposes.

^(c)
(3) An order requiring commitment shall be maintained until the local health officer with the concurrence of the attending physician determines that treatment is complete or that the person is no longer a substantial threat to himself or herself or to the public health.

^(d)
(4) An order issued by the court under this section may be appealed to the appellate court. The appellate court shall hear the appeal within 30 days after the date the claim of appeal is filed with the appellate court. An appeal does not stay treatment.

~~252.073 County tuberculosis sanatoriums. (1) Establishment, government. Every county may, under this section, establish a county tuberculosis sanatorium. In counties with a population of 500,000 or more the institution shall be governed under s. 46.21. In all other counties it shall be governed under s. 46.18, 46.19 and 46.20, except as otherwise provided in this chapter.~~

~~(2) Superintendent. The superintendent shall be either a registered nurse with a graduate degree in nursing or a physician. If the superintendent is a registered nurse, the trustees shall appoint and fix the compensation of a visiting physician, and may appoint and fix the compensation of a business manager other than the superintendent, and a director of occupational therapy. The director of occupational therapy may be employed on a part time basis jointly with other county or state institutions.~~

~~(3) Compensation of trustees. The trustees of the sanatorium shall receive compensation as determined under the provisions of s. 59.15.~~

~~(4) Site and building regulations. The department shall fix reasonable standards for the construction and repair of county tuberculosis sanatoriums with respect to their adequacy and fitness for the needs of the community which they are to serve. Purchase of sites shall be subject to the approval of the department.~~

~~(5) Approval of plans for sanatorium. The plans and specifications for such sanatorium buildings must be approved by the department as conforming with said standards and all the requirements of this chapter before any building is constructed.~~